

# Commonwealth of Virginia Health Benefits Program

## 2011 Benefits At A Glance



Virginia Department of  
Human Resource Management

## 2011 Benefits At-A-Glance

In-Network Benefits	COVA Care/ COVA Connect You Pay	COVA HDHP You Pay	Kaiser Permanente You Pay
<b>Deductible – per plan year</b> • One person • Two or more persons	\$225 \$450	\$1,750 \$3,500	None None
<b>Out-of-pocket expense limit – per plan year</b> • One person • Two or more persons	\$1,500 \$3,000	\$5,000 \$10,000	\$3,500 \$9,400
<b>Doctor's visits</b> • Primary Care Physician • Specialist	\$25 \$40	20% after deductible 20% after deductible	\$10 \$20
<b>Hospital services</b> • Inpatient • Outpatient	\$300 per stay \$125 per visit	20% after deductible 20% after deductible	\$100 per admission \$50 per visit
<b>Emergency room visits</b>	\$125 per visit (waived if admitted)	20% after deductible	\$75 per visit (waived if admitted)
<b>Outpatient diagnostic, x-rays, lab tests, and shots</b>	20% after deductible	20% after deductible	• \$0 lab, pathology, radiology, diagnostic testing • \$75 specialty lab and imaging
<b>Infusion Services</b>	20% after deductible	20% after deductible	\$10
<b>Outpatient therapy visits</b> • Occupational, physical and speech therapy • Chiropractic (up to 30 visit plan year limit per member)	\$35 \$35	20% after deductible 20% after deductible	\$20 \$20
<b>Behavioral Health visits</b>	\$25	20% after deductible	• \$10 individual therapy • \$5 group therapy
<b>Employee Assistance Program (EAP)</b> <i>Up to 4 visits per incident</i>	\$0	\$0	\$0
<b>Prescription drugs – mandatory generic</b> • Retail Pharmacy  • Home Delivery Pharmacy (Mail Service)	<i>Up to 34-day supply:</i> \$15/\$25/\$40/\$50  <i>Up to 90-day supply</i> \$30/\$50/\$80/\$100	<i>Up to 34-day supply:</i> 20% after deductible  <i>Up to 90-day supply</i> 20% after deductible	<i>Up to 60-day supply</i> • Medical Center Pharmacy: \$10/\$20/\$35 • Community participating pharmacy: \$20/\$40/\$55 <i>Up to 90-day supply</i> \$8 /\$18/\$33
<b>Wellness &amp; Preventive Services</b> • Through age 6 • Age 7 and older • Adult	\$0	\$0	\$0 • Office visits at specified intervals, immunizations, lab and x-rays • Annual check-up visit (primary care or specialist), immunizations, lab and x-rays • Routine gynecological exam, Pap test, mammography screening, prostate exam (digital rectal exam), prostate specific antigen (PSA) test, and colorectal cancer screening.
<b>Basic Dental</b> • Maximum Benefit - per member (except Orthodontic) • Deductible • Diagnostic and preventive • Primary (basic) care	\$2,000  \$50/\$100/\$150 \$0, no deductible 20% after deductible	\$2,000  \$50/\$100/\$150 \$0, no deductible 20% after deductible	\$1,000  \$25 per person See fee schedule See fee schedule

In-Network Benefits	COVA Care/ COVA Connect You Pay	COVA HDHP You Pay	Kaiser Permanente You Pay
<b>Expanded Dental Option*</b> <ul style="list-style-type: none"> <li>• Complex Restorative (inlays, onlays, crowns, dentures, bridgework)</li> <li>• Orthodontic               <ul style="list-style-type: none"> <li>– Lifetime maximum benefit (per member)</li> </ul> </li> </ul>	Optional*: 50% after deductible  50%, no deductible \$2,000	Included: 50% after deductible  50%, no deductible \$2,000	Included: See fee schedule  See fee schedule \$1,000 (age 19 and under)
<b>Routine Vision &amp; Hearing Option*</b> <p><b>Vision</b> (once every 24 months from Blue View Vision or EyeMed network providers)</p> <ul style="list-style-type: none"> <li>• Routine eye exam</li> <li>• Eyeglass frames</li> <li>• Lenses               <ul style="list-style-type: none"> <li>– Eyeglass lenses (standard plastic; single, bifocal or trifocal) or</li> <li>– Contact lenses –                   <ul style="list-style-type: none"> <li>• Elective** conventional or disposable</li> <li>• Non-elective**</li> </ul> </li> </ul> </li> </ul> <p><b>Hearing</b> (once every 48 months)</p> <ul style="list-style-type: none"> <li>• Routine hearing exam</li> <li>• Hearing aids and other hearing aid related services</li> <li>• Benefit maximum</li> </ul>	\$40  20% off balance after plan pays \$100  \$20  15% off balance after plan pays \$100 Balance after plan pays \$250  Available for additional premium \$40 Balance after plan pays \$1,200 \$1,200		
<b>Out-of-Network Option*</b>	Plan payment reduced by 25%. Provider may balance bill for amount above allowable charge.	Not available	Not available

\*Options are offered for an additional premium, and may be purchased in combinations as shown on the monthly premiums chart.

\*\*Elective contact lenses are in lieu of eyeglass lenses. Non-elective lenses are covered when eyeglasses are not an option for vision correction.

## Available Plans by Area

- **COVA Care** – All zip codes where you live outside certain Hampton Roads zip codes
- **COVA Connect** – Certain zip codes where you live in Hampton Roads
- **COVA HDHP** – Statewide where you live or work
- **Kaiser Permanente HMO** – Certain zip codes where you live or work, mainly in Northern Virginia

***This is only an overview of your health care benefits. For details, see the appropriate Member Handbook or plan document, or visit [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov).***

